

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P. O. Box 942732
Sacramento, California 94234-7320
(916) 657-1460



August 29, 1997

Rec'd 7/2

PPL No. 97-017

To All County Medi-Cal Administrative Activities (MAA)/
Targeted Case Management (TCM) Coordinators and
Advisory Committee Members

**MEDI-CAL ADMINISTRATIVE ACTIVITIES/TARGETED CASE MANAGEMENT
TIME SURVEY TRAINING QUESTIONS AND ANSWERS**

Enclosed are the responses to the questions raised during the Medi-Cal Administrative Activities/Targeted Case Management Time Survey Training conducted in Sacramento, Burlingame, and San Diego, on August 7, 12, and 14, 1997. If any of the questions raised specific *program policy issues*, they will be further clarified in forthcoming Policy and Procedure Letters (PPLs). Please ensure this information is disseminated to appropriate staff in your Local Governmental Agency (LGA).

If you have any questions, please contact the Administrative Claiming Unit analyst assigned to your LGA.

Sincerely,

A handwritten signature in cursive script, appearing to read "Darryl Nixon".

Darryl Nixon, Chief
Medi-Cal Benefits Branch

Enclosure

Medi-Cal Administrative Activities:	X
Targeted Case Management:	X
Policy Effective Date:	Quarter Beginning 7/1/97
Policy Reference:	

cc: See next page.

To All County Medi-Cal Administrative Activities/
Targeted Case Management Coordinators and
Advisory Committee Members

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Page 2

August 29, 1997

cc: Mr. Bill Lasowski
Technical Director
Office of Financial Services
Health Care Financing Administration
7500 Security Blvd., MS-C4-17-27
Baltimore, MD 21244-1850

Mr. Richard Chambers
Associate Regional Administrator
Health Care Financing Administration
75 Hawthorne Street, Suite 401
San Francisco, CA 94105

Mr. Larry Lee
Accountant
Division of Medicaid
801 I Street, Room 210
Sacramento, CA 95814

Ms. Cathleen Gentry
Host County Liaison
455 Pine Avenue
Half Moon Bay, CA 94019

**MEDI-CAL ADMINISTRATIVE ACTIVITIES/TARGETED CASE MANAGEMENT
TIME SURVEY TRAINING**

August 7, 12, 14, 1997

QUESTIONS AND ANSWERS

Medi-Cal Administrative Activities (MAA)

1. Regarding Program Planning & Policy Development (**PP&PD**), please explain the statement that "This activity is not allowable if the staff performing this function are employed full-time by Local Governmental Agency (LGA) services providers, such as clinics."

This statement means that staff that work 100% of their paid time in a LGA clinic may not claim for PP&PD. It is assumed that if the staff person works full-time in the clinic that the full costs for that employee are included in the billable fee-for-service rate. If a staff person works only part-time of his/her paid time in the clinic, he/she may only time study to and claim for PP&PD during the hours he/she is not assigned to working in the clinic. Time spent actually working in the clinic shall be coded to "Direct Patient Care."

2. Are there any restrictions on the Medi-Cal programs/services for which **PP&PD** can be performed and claimed through MAA?

The only restriction is that PP&PD related to the Lead Program must be claimed through the State Childhood Lead Poisoning Prevention Branch (CLPPB) administrative activities program. Note the requirement to discount PP&PD if PP&PD is related to programs serving both Medi-Cal and non-Medi-Cal clients.

3. Regarding **PP&PD**, why are TCM case managers not permitted to claim PP&PD through MAA?

The costs of performing PP&PD functions that relate to the TCM program are to be included in the TCM rate. Therefore, when these functions are performed by TCM case managers, the time is to be coded to TCM and not to be claimed separately through MAA.

4. Regarding **PP&PD**, what documentation is required to support the time spent on PP&PD?

Both the time survey form and the PP&PD direct charge worksheet include a required signed statement certifying that the time recorded accurately reflects the time spent. However, for time coded to PP&PD(B) and for direct charging, data must be collected to establish the Medi-Cal discount percentage.

5. Regarding **PP&PD**, can a person who performs PP&PD 100% of his/her paid time participate in the time survey instead of direct charging?

Yes. The advantage of participating in the time survey is that an ongoing record of the time spent on each type of program for which PP&PD is performed is not required. However, during the time survey, the staff person must designate time spent as PP&PD(A) or PP&PD(B). If time is recorded for PP&PD(B), the methodology for determining the Medi-Cal discount percentage for PP&PD(B) must be included in the MAA Claiming Plan and appropriate data to support the percentage must be collected for one full month of each quarter.

6. Regarding **PP&PD**, can Local Educational Agencies (LEAs) claim for PP&PD?

Yes. Although LEAs are considered subcontractors of the LGA, employees of LEAs, unlike other subcontractors, are specifically allowed to claim for the performance of all PP&PD functions.

7. For LEAs, there appear to be two ways of claiming for **transportation**. Please explain what is claimable through MAA.

The transportation that may be claimed through MAA is arranging or providing of non-emergency, non-medical transportation of a Medi-Cal client to a Medi-Cal-covered service. "Non-medical" means a vehicle other than an ambulance, wheelchair van, or litter van.

8. If a **new claiming unit** will be claiming for MAA for the first time beginning with the first quarter of FY 1997-98, is it necessary to request approval from the State Department of Health Services (SDHS) to conduct a time survey in September 1997?

No. September 1997 is the SDHS designated month for the annual MAA time survey. It is only necessary to request approval from the SDHS if a claiming unit wishes to conduct a time survey in a subsequent quarter of the fiscal year. Please refer to Policy and Procedure Letter (PPL) No. 96-017. A MAA Claiming Plan amendment must be submitted to the SDHS by September 30, 1997 to include the new claiming unit.

9. As a **MAA/TCM Coordinator**, I do not want to time survey. What other options do I have?

Staff who only perform MAA/TCM Coordination and Claims Administration are not required to time survey. They may direct charge the costs of performing these functions if direct charge is specified in the approved MAA Claiming Plan. Although these staff do not need to time survey, it is advised that documentation be maintained to support the direct charges. A sample log for recording time was distributed at the February 1997 MAA/TCM Training and is available from the MAA/TCM Host County Liaison. Staff who perform MAA/TCM Coordination and Claims Administration and also perform other MAA and/or TCM, must time survey.

10. Can a LGA contract for the provision of **MAA/TCM Coordination and Claims Administration** functions such as the preparation of the MAA invoices?

Yes. The intent to use contractors to perform these functions and the methodology for determining costs must be specified in the MAA Claiming Plan. Please refer to page 18 of the MAA Claiming Plan Instructions.

11. We have a Nursing Supervisor who assists the MAA/TCM Coordinator in preparing the MAA Claiming Plan for Field Nursing. Can she time survey to **MAA/TCM Coordination and Claims Administration**?

Yes. MAA Claims Administration is claimable at the claiming unit level. Assistance with preparation of the MAA Claiming Plan for the claiming unit is considered part of the Claims Administration process. The Nursing Supervisor must be included in the MAA/TCM Coordination and Claims Administration section of the claiming unit's MAA Claiming Plan and the supervisor's duty statement must include this activity.

12. How is **TCM Coordination** and **TCM Claims Administration** claimed?

If these functions are performed at the LGA level (i.e., a central agency performs these functions for the entire jurisdiction) then the costs can be claimed through the time survey process or through direct charging as MAA. At the claiming unit level, TCM coordination, which is usually done by the supervisors of the TCM case managers, is coded to TCM during the time survey. The costs of the coordination are thereby included in the TCM rate. The costs of TCM claiming activity are also to be included in the TCM rate. Options for including these costs in the TCM Cost Report will be addressed at the October 1997 TCM Cost Report Training. Also, refer to PPL No. 96-023.

13. Regarding **LEAD**, if a jurisdiction does not receive funding from the State CLPPB Program, can it claim "administrative activities" through MAA?

No. If a LGA wishes to claim for "administrative activities" performed by local lead staff, this must be done through the State Lead Program. Please refer to the CLPPB Program Letter # 97-4, dated March 5, 1997, and Letter # 96-1, dated July 12, 1996. LGAs are advised that CLPPB revenues are not subject to the "take-back" provision of Welfare and Institutions Code, Section 14132.47(m).

14. Regarding **LEAD**, our jurisdiction does receive state lead funding and the local lead staff supported by this funding will be claiming "administrative activities" through the State Lead Program. However, we also have staff that are not funded through the State Lead Program. If these staff happen to contact lead clients through their outreach efforts and/or they refer clients to the State Lead Program, is this time claimable through MAA?

Yes. If the staff are not paid for through the lead "administrative activities" program, time spent on the outreach described above is claimable through MAA. However, if the sole purpose of the outreach

is related to the lead program, then this activity is not claimable through MAA and must be claimed through the State Lead program. Please refer to the CLPPB Program Letters # 97-4 and # 96-1. A PPL regarding this issue will be forthcoming.

15. Can a state-supported **linkages** program claim through MAA?

Yes. Staff supported by any state categorical funding, with the exception of lead funding, can time survey to MAA. However, if the program is fully funded by the State categorical revenue, the LGA will not have costs to claim as county general fund dollars have not been expended. In this case, the program should not participate in MAA.

16. We will be claiming for MAA **Contract Administration** for the first time. Is it necessary to perform all of the functions listed on the training handout?

No. The functions listed are examples of the types of activities that can be claimed through MAA Contract Administration. The claiming unit may choose to do one or more of the activities. The MAA Claiming Plan must describe how contract administration will be performed.

17. We are a small county and do not have much money. Would preparing a grant proposal to seek funding to evaluate and expand Medi-Cal services be claimable as **PP&PD** support services?

Yes. Preparing the grant proposal is the first step in the program planning process. The proposal would normally include a preliminary assessment of the problems and program objectives.

18. How do we handle **supervisors** of and the clerical support staff for persons who perform MAA?

The supervisors of and the clerical support staff for persons who perform MAA do not need to time survey if they do not themselves perform MAA. The costs of the supervisors and clerical support persons are included in the appropriate cost pool of the MAA invoice.

19. Why was it necessary to complicate things by having an **Outreach B1 and B2**?

The division of Outreach B into B1 and B2 was done to maximize allowable claiming for this activity. Outreach B is an activity that must be discounted by the Medi-Cal percentage. Outreach B1 is used when an actual count can be done to determine the Medi-Cal discount percentage. Usually this percentage is higher than the county-wide average and therefore results in a higher claim. However, not all outreach campaigns are amenable to doing an actual count. Outreach B2 is used when the county-wide average Medi-Cal percentage must be used. Under the old system, jurisdictions were required to choose between an actual count or the county-wide average for all campaigns.

20. Can we count **preparation** and **travel time** spent to perform a MAA such as Outreach?

Yes. The time spent preparing for or traveling to a location to perform an allowable activity is coded to the activity that will be performed. For example, gathering outreach materials and driving to a community center to perform "Outreach A" is coded to "Outreach A."

21. If I am doing outreach with a person with **diabetes** and it is necessary to explain the reasons why treatment is necessary, is all of the time coded to Outreach?

No. Time spent explaining the benefits of the Medi-Cal program, including the Medi-Cal coverage for diabetes, can be coded to Outreach. If time is also spent providing education to the client on how to manage his/her diabetes, that time is coded to "Direct Patient Care" or "Other Programs/Activities."

22. We will be bringing on a **new contractor** during the second quarter. How do we handle time surveying?

If the contract with the subcontractor is "specific" (i.e., the specific MAA to be performed and the dollar amount for each MAA is specified) the costs may be direct charged and it is not necessary for the contractor to time survey. If the contract is nonspecific, a written request must be made to the SDHS by September 1, 1997, for this contractor to time survey during the second quarter for the period of October through December 1997. Please refer to PPL No. 96-017. In addition, a MAA Claiming Plan amendment must be submitted to the SDHS by December 31, 1997.

23. We will be submitting a MAA Claiming Plan amendment by September 30, 1997, for the MAA activities performed during the first quarter of FY 1997-98. We also intend to bring a **subcontractor** into the program during the second quarter. We would like to avoid submitting two MAA Claiming Plan amendments. Can we include this subcontractor in our September 30, 1997 MAA Claiming Plan amendment even though we will not be claiming until the second quarter?

*Yes. The contractor may be included in the MAA Claiming Plan amendment submitted by September 30, 1997. There is no requirement that claims be submitted each quarter for all activities or claiming units included in a claiming plan. However, if the contract for the new contractor will be "non-specific", it will be necessary for this new contractor to time survey during the second quarter. A request for this contractor to time survey in the second quarter **must** be submitted to the SDHS by September 1, 1997.*

24. I am still not clear about how to code **general MAA training**. Do we code it to MAA Implementation Training or to MAA/TCM Coordination and Claims Administration?

If the training is conducted or received by staff listed as MAA/TCM Coordination and Claims Administration staff in the approved MAA Claiming Plan, then those staff would code this training time to MAA/TCM Coordination and Claims Administration. All other staff would code such training to MAA Implementation Training.

25. How often can the MAA Claiming Plan be **amended**?

The MAA Claiming Plan may be amended each quarter. The amended claiming plan must be mailed to the SDHS and postmarked no later than the last day of the quarter in which the amendment is to be effective. To facilitate the timely review of amendments, it would be beneficial to consolidate and submit all amendments not more than once per quarter.

26. In addition to conducting local MAA time survey training modeled after the training we received today, are there **other things** we should do prior to the beginning of the time survey?

If as a result of the training the LGA determines that a MAA Claiming Plan amendment is required, this amendment must be submitted by September 30, 1997. Amendments are required for all claiming units intending to continue to claim for Outreach B, which must now be categorized as B1 or B2, and for claiming units intending to claim for staff performing PP&PD on a part-time basis.

It is advisable that persons who will be conducting the local time survey training include a review of the MAA Claiming Plan so that time survey participants are aware of the activities that are included in the Claiming Plan. For example, which outreach campaigns are categorized as B1 or B2. If there are activities on the time survey form that are not included in the claiming plan, you may wish to "black out" or "line through" these activities so that staff will not record time to them.

Targeted Case Management

1. Regarding **LEAD**, if a jurisdiction does not receive funding from the CLPPB Program, can it claim lead-related "case management" services through TCM?

No. If a LGA wishes to claim for lead-related "case management" services performed by local lead staff, this must be done through the State Lead Program. Please refer to the CLPPB Program Letter # 97-4, dated March 5, 1997, and Letter # 96-1, dated July 12, 1996. LGAs are advised that CLPPB revenues are not subject to the "take-back" provision of the W&I Code, Section 14132.44(m).

2. Regarding **LEAD**, our jurisdiction does receive state lead funding and the local lead staff supported by this funding will be claiming "case management" services through the State Lead Program. However, we also have staff that are not funded through the State Lead Program. If these staff happen to provide TCM services to lead clients, is this time claimable through TCM?

Yes. If the staff are not paid for through the lead "case management" program, time spent on the case management may be claimable through TCM if the TCM Performance Monitoring Plan describes how duplication of services and billing will not occur. Please refer to the CLPPB Program Letters # 97-4 and # 96-1. A PPL regarding this issue will be forthcoming.

3. Can a **TCM case manager** also claim for MAA?

Yes. However, not all MAA is claimable by TCM case managers. The time survey form for TCM case managers includes the specific MAA which can be claimed when performed by TCM case managers. TCM case managers are not to complete both the TCM and the MAA time survey form.

4. The *TCM Rate Contents* handout included a variety of services. Please clarify which services are to be coded to TCM when performed by **TCM case managers**.

TCM case managers may code to TCM when performing any TCM related services except TCM subcontract administration, TCM data systems and claiming coordination, and TCM Quality Assurance/Performance Monitoring. These services are considered administrative and cannot be claimed by "service providers." Supervisors of case managers, who are not themselves case managers, can code to TCM when performing these services.

5. If a TCM case manager and a case manager support person who provides translation services for the case manager both go on a **home visit** to provide TCM services, do they both code the time to TCM?

Yes. The purpose of the time survey for TCM is to determine the total costs of providing the TCM service. This cost includes both the case manager time and the time spent providing translation services for the case manager.

6. Our TCM case managers are also partially funded to provide case management services through other categorical programs such as **MCH, EPSDT, and AFLP**. Can they code time to TCM when providing TCM services to clients enrolled in these programs?

If the other sources of categorical funding fully support the case management services provided and it is possible to segregate the case management encounters for these programs, then the time spent should be coded to "Other Programs/Activities," and the encounters would not be included in the TCM Cost Report. However, if the categorical program funding does not fully support the case management activities, then time should be coded to TCM. In this case, the categorical program revenue and the categorical program encounters would both be offset on the TCM Cost Report.

7. As part of the EPSDT program, we are required to provide follow-up and complete a form confirming that services were received. Can this time be coded to TCM as **Linkages and Consultation** (follow-up) if referral to services covered by the EPSDT program is included in the TCM service plan?

Yes. However, if this time is coded to TCM and the EPSDT revenue received specifically pays for this follow-up service, then the revenue received for the follow-up service must be offset on the TCM Cost Report.

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8. For Public Guardian, is time spent on **marshaling assets** (money management) coded to TCM? This involves locating resources, such as contacting banks to see if there are bank accounts and spending time in the client's home searching for information which leads to locating assets.

No. For Public Guardian, time spent on activities related to money management, property management, or the legal requirements for annual renewal of conservatorship are not claimable as TCM. The time spent performing these services should be coded to "Other Programs/Activities."

9. Can we choose **another month** to time survey for TCM?

No. Program areas (e.g., Public Health, Public Guardian, etc.), that do not participate in the September 1997 TCM time survey, cannot claim for TCM during FY 1997-98.

10. We are a **managed care** county. Can we still claim for TCM through Public Health?

Yes. TCM is a "carve out" from managed care contracts with the State when provided by Public Health.